

Office of the Patient Advocate
California Health Care Quality Report Card – 2012 Edition
HMO HEDIS® Reporting Year 2011

Background

The California Office of the Patient Advocate (OPA) is charged with representing the interests of health plan members and OPA has the mandated responsibility to publicly report on health care quality. OPA published its first Health Care Quality Report Card in 2001 and has since successfully updated and enhanced the Report Card every year. The current version (2012 Edition) of the online Health Care Quality Report Card is at: www.opa.ca.gov.

Performance results are reported at a health plan reporting unit level. With the exception of Kaiser Northern California and Kaiser Southern California, the plans report a single, statewide set of performance results.

Nine (9) participating health plans report HMO HEDIS results.

Aetna Health of California, Inc.
Anthem Blue Cross of California
Blue Shield of California
CIGNA HealthCare of California, Inc.
Health Net of California, Inc.
Kaiser Foundation Health Plan of Northern California, Inc.
Kaiser Foundation Health Plan of Southern California, Inc.
United Healthcare of California, Inc. (formerly PacifiCare)
Western Health Advantage

The 2012 Edition of the Report Card is published in February 2012, using data reported by HMO plans in Reporting Year (RY) 2011 for performance in Measurement Year (MY) 2010. Data sources are the California Cooperative Healthcare Reporting Initiative's (CCHRI) publicly reported HMO Health Plan Employer Data and Information Set (HEDIS) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) commercial measures for RY 2011.

CCHRI is a nonprofit collaborative of health care purchasers, plans and providers that collects HEDIS and CAHPS health quality data and the medical group Patient Assessment Survey (PAS) data and provides these data to OPA. The National Committee for Quality Assurance (NCQA) develops and maintains the HEDIS performance measures as the national standard set of health plan clinical process and outcomes measures. The Agency for Healthcare Research and Quality (AHRQ) develops and maintains the Consumer Assessment Health Plan Survey (CAHPS) measures as the national standard set of health plan members' experience. NCQA sponsors the CAHPS member-reported experience and satisfaction survey measures as the national standard health plan member experience survey.

*The source for data contained in this publication is Quality Compass®2011 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2011 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Office of the Patient Advocate
California Health Care Quality Report Card – 2012 Edition
HMO HEDIS® Reporting Year 2011

Scoring Methodology

There are three levels of measurement:

1. **Category:** Meeting National Standards of Care is the aggregated All-HEDIS summary performance score composed of thirty-eight (38) HEDIS commercial measures.
2. **Topic:** There are nine condition topic areas composed of thirty-eight (38) commercial HEDIS measures.
3. **HEDIS Measures:** There are thirty-nine (39) HMO HEDIS commercial measures reported by the California Cooperative Healthcare Reporting Initiative (CCHRI).

See Appendix A for mapping of HEDIS measures to Topic and Categories.

Performance Grading

HMOs are graded on performance relative to the nation for HEDIS for Meeting National Standards of Care. All of the performance results are expressed such that a higher score means better performance. Thirty-eight HEDIS measures are aggregated to create the All-HEDIS summary performance score, Meeting National Standards of Care. Based on relative performance, plans are assigned star ratings for multi-level composites (category and topic):

Performance grading is based on the NCQA RY 2010 Quality Compass® All Lines of Business (Health Maintenance Organization-HMO, Point of Service-POS and Preferred Provider Organization-PPO) benchmarks. Quality Compass RY 2011 values are used to set performance cutpoints for new or revised measures.

1. Composite Calculation for Category and Topic Scoring

Composite calculation for category and topic scoring for clinical quality measures is a two-step method:

- a) **In Step 1**, calculate topic level composite: Measures are organized into each of 9 condition topics. A mean score is calculated for each topic by summing the proportional rates for each measure within the topic and dividing by the number of measures. The measures are equally weighted within each of the 9 condition topics.
- b) **In Step 2**, calculate the category level composite, Meeting National Standards of Care. Calculate the mean of the 9 condition topic means. Each of the 9 condition topic means is equally weighted. The results are not rounded – the raw mean score is used to assign the performance grade.

2. Individual Measure Scoring

The HEDIS individual measure scores are calculated as proportional rates using the numerators and denominators that are reported per the National Committee for Quality Assurance (NCQA)

Office of the Patient Advocate
California Health Care Quality Report Card – 2012 Edition
HMO HEDIS® Reporting Year 2011

measurement requirements. The HEDIS measure results are converted to a score using the following formula:

$$(\text{HEDIS measure numerator}/\text{HEDIS measure denominator}) \times 100$$

- a) In instances in which the HEDIS measure is classified as Not Applicable (NA), we apply a rule of using the prior year's result for that measure. If the measure was Not Applicable (NA) for the prior year, we apply a half-scale rule to impute the measure score for summary scoring. For RY 2011, 5 measures for one plan were reported NA. These were assigned the prior year's results.
 - b) In instances in which the HEDIS measure is classified as Not Reported (NR) we apply a rule of using the prior year's result for that measure. If the measure was Not Reported (NR) for the prior year, a score of zero is assigned as the measure result. For RY 2011, 8 measures were reported NR across all plans. One of these was assigned a score of zero for a measure with NR reported for two consecutive years. Additionally, three of these were for a new measure – in this instance we apply the half-scale rule to impute the measure score for summary scoring. Three measures were assigned the prior year's results. Where a health plan is classified as Not Reported (NR) and the rule of using the prior year's result cannot be applied because there is no comparable prior year measure result, we note 'No report due to incomplete data'. For RY 2011 one measure was reported 'No report due to incomplete data' for one health plan.
 - c) In instances where a health plan indicates it did not have enough sampled members who had the experience to be scored for a particular measure, we note 'Too few members in sample to report'. For RY 2011 there were no measures with too few members to report.
 - d) NCQA Rotated Measures: Use any rotated measure result for the 2012 Edition of the Report Card that is reported by a health plan to NCQA. For plans that do not report a rotated measure, use the plan's most recent measure score from a prior reporting year. For the 2012 Edition of the Report Card, OPA reported measures that are eligible for rotation are: A) Controlling High Blood Pressure and B) Prenatal and Postpartum Care.
3. **Two component measure scoring**
- The following five measures are comprised of two component measures each – the same patients are included in each denominator respectively and the two events capture services provided along a continuum of care. Each pair of component measures is blended using an equal 50/50 weight to score these measures. The latter phase of care is reported only – thus, one of the two components is reported as an individual measure on the OPA site while both components are used in the summary scoring.
- a) Alcohol/drug dependent treatment (initiation and engagement phases)
 - b) Chronic obstructive pulmonary disease (COPD) exacerbation care (corticosteroid and bronchodilator prescriptions)

Office of the Patient Advocate
California Health Care Quality Report Card – 2012 Edition
HMO HEDIS® Reporting Year 2011

- c) Follow-up care for children with Attention Deficit/Hyperactivity Disorder (ADHD) medication (initiation and continuation phases)
- d) Anti-depressant medication management (acute and continuation phrases)
- e) Follow-up after hospitalization for mental illness (7 and 30 day follow-up).

The following three measures have two age cohorts that are scored separately:

- a) Chlamydia screening age 16-20 and Chlamydia screening age 21-24
- b) Asthma medications age 5-11 and Asthma medications age 12-50
- c) Body mass index (BMI) children age 3-11 and body mass index (BMI) adolescents age 12-17

4. Changes from 2011 Edition Report Card to 2012 Edition Report Card

HMO measures that are publicly reported for the first time: a) Immunizations for Adolescents and b) Aspirin Use Counseling.

One measure is broken into an additional age band: Checking if Adolescent Weight Could Cause Health Problems.

5. 2012 Edition Report Card Notes

Three measures will not be publicly reported: Comprehensive Diabetes Care (HbA1c < 7%), Diabetes Blood Pressure Control (< 130/80), and Relative Resource Use (RRU) measures.

The Low Back Pain measure is reported as a stand-alone measure and is not included in the All-HEDIS Summary.

The Call Answer Timeliness measure is reported as a stand-alone measure and is not included in the All-HEDIS Summary since it is categorized within the customer service topic for the CAHPS member experience results.

6. Calculate Percentiles

One of four grades is assigned to each of the 9 condition topics and to the Meeting National Standards of Care category using the cutpoints shown in Table 1. Three cutpoints are used to calculate the performance grades. The cutpoints were calculated per the RY 2010 NCQA Quality Compass nationwide results for all plans (Health Maintenance Organization-HMO, Point of Service-POS and Preferred Provider Organization-PPO).

The cutpoints are calculated by summing the nationwide scores for the respective percentile value for each measure in a given topic. In turn, the measure-specific percentile scores are summed and an average score is calculated for each of the 3 cutpoints for that topic.

Office of the Patient Advocate
California Health Care Quality Report Card – 2012 Edition
HMO HEDIS® Reporting Year 2011

7. From percentiles to stars

The grade spans vary for each of the 9 condition topics listed in Table 1:

Top cutpoint: 90th percentile nationwide

Middle cutpoint: 50th percentile nationwide

Low cutpoint: 25th percentile nationwide

Office of the Patient Advocate
California Health Care Quality Report Card – 2012 Edition
HMO HEDIS® Reporting Year 2011

Table 1: HMO HEDIS Performance Cutpoints RY 2011

Condition Topics	Number of Measures Included	Excellent Cutpoint	Good Cutpoint	Fair Cutpoint	Poor* Cutpoint
Checking for Cancer	3	76	67	62	<62
Diabetes Care	7	78	68	62	<62
Heart Care	5	80	71	64	<64
Maternity Care	2	94	87	63	<63
Mental Health	3	60	50	44	<44
Chlamydia Screening	2	54	41	35	<35
Treating Adults	4	77	72	56	<56
Asthma/Respiratory Care	5	70	64	61	<61
Treating Children	7	79	59	43	<43
All HEDIS Summary-Meeting National Standards of Care	38	74	64	54	<54

*Scores below the Fair cutpoint are graded "Poor"

Using the example of the Meeting National Standards of Care, three cutpoints are used to define four performance grades:

Meeting National Standards of Care

74-100 excellent
64-73 good
54-63 fair
< 54 poor

A buffer zone of a half-point (0.5) span is applied. Any HMO whose score is in the buffer zone that is 0.5 point below the grade cutpoint is assigned the next highest category grade. For example, an All-HEDIS® summary score of 53.5 would be assigned a grade of fair; a score of 63.4, which is outside of the buffer zone, also would be assigned a grade of fair.

Office of the Patient Advocate
California Health Care Quality Report Card – 2012 Edition
HMO HEDIS® Reporting Year 2011

Appendix A

Mapping of HEDIS measures to Topic and Categories

Topic	Measure	Definition	Included in Meeting National Standards of Care Composite	Reported as Stand Alone Measure
Treating Adults	Disease Modifying Anti-rheumatic Drug (DMARD) Therapy in Rheumatoid Arthritis	% of patients age 18 and older diagnosed with rheumatoid arthritis who have had at least one prescription for DMARD drug during measurement year	√	√
	Annual Monitoring for Patients on Persistent Medications (MPM)	% of patients age 18 and older who received at least a 180-day supply of any of a set of designated drugs and had two therapeutic monitoring tests during the measurement year (at least one serum potassium and either a serum creatinine or a blood urea nitrogen test)	√	√
	Flu Shots for Adults (CAHPS survey reported as clinical care)	% of members age 50-64 who received an influenza vaccination between September 1 and date survey was completed	√	√
	Checking If Weight Could Cause Health Problems	% of members age 18-74 who had an outpatient visit who had their body mass index (BMI) documented in the past 2 years	√	√
Checking for Cancer	Colorectal Screening	% of adults ages 51-75 who were tested for colorectal cancer using any one of four tests	√	√
	Breast cancer screening	% of women age 42-69 who had a mammogram during past two years	√	√
	Cervical cancer screening	% of women age 24-64 who had a Pap test during past three years	√	√
Chlamydia Screening	Chlamydia screening 1	% of sexually active women aged 16-20 who were screened for chlamydia in prior year	√	√
	Chlamydia screening 2	% of sexually active women aged 21-24 who were screened for chlamydia in prior year	√	√

Office of the Patient Advocate
California Health Care Quality Report Card – 2012 Edition
HMO HEDIS® Reporting Year 2011

Appendix A
Mapping of HEDIS measures to Topic and Categories

Topic	Measure	Definition	Included in Meeting National Standards of Care Composite	Reported as Stand Alone Measure
Heart Care	Controlling high blood pressure	% of adults age 18-85 who are diagnosed with hypertension and whose blood pressure was controlled (<140/90)	√	√
	Heart attack medication	% of persons age 18 and older hospitalized for a heart attack who received beta blocker medication through 6 months period post event	√	√
	Cholesterol management: screening	% of adults age 18-75 who had an LDL-C test after an acute cardiovascular event or who had diagnosis of ischemic vascular disease	√	√
	Cholesterol management: control	% of adults age 18-75 whose cholesterol was controlled (LDL-C <100 mg/dL) after an acute cardiovascular event or who had diagnosis of ischemic vascular disease	√	√
	Aspirin Use Counseling (CAHPS survey reported as clinical care)	% of women age 55-79 and men age 45-79, who have cardiovascular risks and had their doctor or another provider talk with them about the pros and cons of taking aspirin as part of their heart care	√	√
Maternity Care	Pre natal visit during 1 st trimester	% pregnant women who began prenatal care during first 13 weeks of pregnancy	√	√
	Postpartum care	% of women who had a live birth who had a postpartum visit between 21-56 days after delivery	√	√
Answer Customer Phone Calls Quickly	Call Answer Timeliness (Reported with member rating measures)	% of calls received by the Managed Care Organization member services call centers (during member services operating hours) that were answered by a live voice within 30 seconds		√
Testing for Cause of Back Pain	Low Back Pain Imaging	% of adults age 18-50 who did not receive imaging studies (plain x-ray, MRI, CT scan) for acute low back pain (reverse scored)		√

Office of the Patient Advocate
California Health Care Quality Report Card – 2012 Edition
HMO HEDIS® Reporting Year 2011

Appendix A
Mapping of HEDIS measures to Topic and Categories

Topic	Measure	Definition	Included in Meeting National Standards of Care Composite	Reported as Stand Alone Measure
Asthma and Other Respiratory Care	Appropriate asthma medications 1	% of children age 5-11 with asthma who have appropriate asthma medications	√	√
	Appropriate asthma medications 2	% of adolescents/adults age 12-50 with asthma who have appropriate asthma medications	√	√
	Treating lung disease	% of adults age 40 or older with COPD who had worsening of symptoms indicated by a hospitalization or ED visit who were a) dispensed systemic corticosteroid within 14 days and b) dispensed a bronchodilator within 30 days	√	
	Treating lung disease	% of adults age 40 or older with COPD who had worsening of symptoms indicated by a hospitalization or ED visit and were dispensed a bronchodilator within 30 days		√
	Treating Bronchitis	% of adults age 18-64 who have acute bronchitis were not given an antibiotic; medicines that often don't work for these short-term bronchial inflammations	√	√
	Spirometry Testing	% of adults age 40 or older newly diagnosed with COPD who received a spirometry test to confirm the diagnosis	√	√
Diabetes Care	Glycosylated hemoglobin tested	% of diabetes patients who had an HbA1c test in last year	√	√
	Glycosylated hemoglobin control	% of diabetes patients with HbA1c <= 8.0%	√	√
	Eye exam performed	% of diabetes patients who had a retinal eye exam in last year	√	√
	Cholesterol test performed	% of diabetes patients who had an LDL-C test in last year	√	√
	Cholesterol control	% of diabetes patients whose cholesterol level (LDL-C <100mg/dl) was controlled	√	√
	Kidney function monitored	% of diabetes patients who had nephropathy screening test in last year	√	√

Office of the Patient Advocate
California Health Care Quality Report Card – 2012 Edition
HMO HEDIS® Reporting Year 2011

Appendix A
Mapping of HEDIS measures to Topic and Categories

Topic	Measure	Definition	Included in Meeting National Standards of Care Composite	Reported as Stand Alone Measure
Diabetes Care continued	Blood pressure control	% of diabetes patients whose blood pressure level (<140/90) was controlled	√	√
Mental Health	Alcohol/drug dependent treatment	% of adolescents and adults (age 13 or older) diagnosed with alcohol and other drug (AOD) dependence who a) initiated treatment within 14 days, and b) initiated treatment and had two or more additional AOD services within 30 days after the initiation of AOD treatment	√	
	Alcohol/drug dependent treatment	% of adolescents and adults (age 13 or older) diagnosed with alcohol and other drug (AOD) dependence who initiated treatment and had two or more additional AOD services within 30 days after the initiation of AOD treatment		√
	Follow-up 30 days after hospitalization for mental illness	% of patients age 6 or older who were hospitalized for a mental illness who had an outpatient visit with a mental health provider within a) 7 days after discharge and b) 30 days after discharge	√	
	Follow-up 30 days after hospitalization for mental illness	% of patients age 6 or older who were hospitalized for a mental illness who had an outpatient visit with a mental health provider within 30 days after discharge		√
	Anti-depressant medication management	% of depressed patients who remained on antidepressant medication for the a) 12-week acute treatment phase and the b) six month continuation phase	√	
	Anti-depressant medication management	% of depressed patients who remained on antidepressant medication for the six month continuation phase		√
Treating Children	Childhood Immunizations (combination 3)	% of children who by 2nd birthday received designated MMR, HiBs, Varicella, DtaP/DT, polio (IPV), hepatitis B and pneumococcal conjugate vaccinations (combo 3)	√	√

Office of the Patient Advocate
California Health Care Quality Report Card – 2012 Edition
HMO HEDIS® Reporting Year 2011

Appendix A
Mapping of HEDIS measures to Topic and Categories

Topic	Measure	Definition	Included in Meeting National Standards of Care Composite	Reported as Stand Alone Measure
Treating Children continued	Treating Upper Respiratory Infection	% of children ages 3 months to 18 years who had an upper respiratory infection (common cold) who were not given an antibiotic	√	√
	Testing for pharyngitis	% of children ages 2-18 who were diagnosed with pharyngitis (throat infection) and given an antibiotic medication and who were tested for strep throat	√	√
	Follow-up care for children with ADHD medication	% of children ages 6-12 who were prescribed an ADHD medication, a) had a follow-up visit with a practitioner during the 30-day Initiation Phase and b) remained on the medication for at least 210 days and had two follow-up visits within 9 months Continuation/Maintenance Phase	√	
	Follow-up care for children with ADHD medication	% of children ages 6-12 who were prescribed an ADHD medication, remained on the medication for at least 210 days and had two follow-up visits within 9 months Continuation/Maintenance Phase		√
	Checking if Weight Could Cause Health Problems for Children #1	% of children ages 3-11 (numerator 1) who had a visit with their regular doctor (PCP/ob-gyn) and had their body mass index (BMI) checked during the past year	√	√
	Checking if Weight Could Cause Health Problems for Children #2	% of children ages 12-17 (numerator 2) who had a visit with their regular doctor (PCP/ob-gyn) and had their body mass index (BMI) checked during the past year	√	√
	Adolescent Immunization	% of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday.	√	√